

Immunization Program

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The VacZine, previously distributed as the Immunization E-Letter.

the vaczine

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Program Announcements

- Kristin Ryker, Vaccine Preventable Disease Epidemiologist departed the program in January 2010. We wish Kristin the best of luck in all her future endeavors.

Disposing of Non-Viable H1N1 Vaccine

H1N1 vaccine has started to expire. ISDH has decided that it is the responsibility of each provider to dispose of expired vaccine. Vaccines are considered medical waste and should be disposed as such.

However, recalled H1N1 vaccines will be returned to the manufacturer. Soon, information will be provided by Sanofi with instructions on how to return the recalled doses. A summary of vaccine disposal procedures is listed below.

Vaccine Type	Expired?	Disposal Procedure
H1N1 Vaccine	Yes	Each provider will need to dispose of properly
H1N1 Vaccine	No, but recalled	Send back to manufacturer (Instructions coming from Sanofi)
Non-H1N1 Vaccine	Yes	Regular procedure for VFC Returns (Contact Sheila Lauck with questions)

Use of VFC HPV Vaccine for Males

With the new HPV recommendations, VFC providers are permitted to vaccinate eligible males with HPV. However, questions have been asked by providers regarding how they offer this vaccine to eligible males. Below are some FAQs with responses from Dr. Andrew Kroger, CDC.

Are providers *required* to offer VFC HPV to all eligible males?

No

Are providers *allowed* to offer VFC HPV to all eligible males?

Yes

Are providers *only* to offer VFC HPV to males when it is requested?

No. That is, the idea behind the permissive recommendation is that it can be offered to an eligible male by a provider even if the male doesn't ask for it.

Non-Safety-Related Voluntary Recall of Unused Doses from Certain Lots of Sanofi Pasteur H1N1 Vaccine in Pre-Filled Syringes

Summary As part of its quality assurance program, Sanofi Pasteur, Inc., performs routine, ongoing testing of influenza vaccines after the vaccine has been distributed to health care providers to ensure that the vaccine continues to meet required specifications. In recent testing of its influenza A (H1N1) monovalent vaccine, Sanofi Pasteur found five distributed lots of single-dose, pre-filled syringe pediatric (0.25 mL) vaccine and one distributed lot of single-dose pre-filled syringe for older children and adults (0.5 mL) vaccine had potency below pre-specified limits. The manufacturer is conducting a non-safety related voluntary recall of any unused doses of these affected lots of vaccine. Information will be sent by Sanofi Pasteur to providers who received vaccine from the affected lots.

Background After performing routine tests, Sanofi Pasteur notified the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) that the potency in five lots of pediatric pre-filled syringes and one lot of adult pre-filled syringes that had been distributed to providers was later found to have dropped below a pre-specified limit.

Recommendations While the potency of these lots is now below the manufacturer's specification for the product, CDC and FDA are in agreement that the small decrease in antigen content is unlikely to result in a clinically significant reduction in immune response among persons who have received the vaccine. For this reason, there is no need to revaccinate persons who have received vaccine from these lots.

Providers will be asked to return any unused vaccine from the affected lots to the manufacturer. The only vaccine affected by this recall is supplied in pre-filled syringes and is identified by the following lot numbers:

UT023AA, UT023BA, UT023CA, UT023EA, UT023FA (NDC # 49281-650-25, which also may be recorded as # 49281-0650-25), 0.25 mL syringes in 10-packs

UT037AA (NDC # 49281-650-90, which also may be recorded as # 49281-0650-90), 0.5 mL syringes in 25-packs

Indiana Usage According to CHIRP, we have received approximately 17,500 doses from three lots (UT023CA, UT023EA and UT023FA), and have administered approximately 5,400 doses. Providers receiving the recalled lot numbers will be notified.

Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States

PEDIATRICS Vol. 124 No. 6 December 2009, pp. 1505-1512 (doi:10.1542/peds.2009-0674)

The December 2009 issue of Pediatrics reports results of research that estimates the prevalence of the most common sexually transmitted infections (STIs) in the U.S. in adolescent females. Authors analyzed data from 838 females aged 14-19 years who participated in the nationally representative National Health and Nutrition Examination Survey 2003–2004.

Among the findings reported by the authors:

- STI incidence among US female adolescents is substantial.
 - Nearly 3 million females between ages 14-19 years have an STI.
- HPV was the most common STI among all female adolescents (prevalence: 18.3%)
 - Results for HPV infection were limited to HPV types most likely to cause disease (23 high-risk types or type 6 or 11)
- The most common STIs appear to be acquired rapidly after sexual initiation.
- Racial disparities in STI prevalence are substantial.
- When adolescent females had more than one STI, a majority (79.3%) had HPV as one of the STIs.
- The results of this study are consistent with previous findings that females acquire HPV shortly after sexual initiation.
- The results of this study reinforce the need for HPV vaccination in preadolescent girls and before sexual initiation.

This article can be accessed for free at

<http://pediatrics.aappublications.org/cgi/content/full/124/6/1505>

Congratulations!

Congratulations to the 2009 recipients of the Perinatal Hepatitis B Prevention Program Certificate of Appreciation. This award is in recognition of best practices in the prevention of perinatal hepatitis B infection.

Gold Award Recipients

Harrison County Hospital

Jasper Memorial Hospital

Washington County Hospital

Fayette Regional Hospital

Silver Award Recipients

St. Joseph Hospital - Fort Wayne

Terre Haute Regional Hospital

Reid Hospital

St Joseph Regional Medical Center- South Bend

Elkhart General Hospital

Columbus Regional Hospital

Bronze Award Recipients

Greene County General Hospital

Schneck Medical Center

Read "Ask the Experts" Q&As on new vaccine recommendations and licensures

Acquired from <http://www.immunize.org/express/issue848.asp> on 02/01/2010. We thank the Immunization Action Coalition (IAC).

IAC thanks William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists, at the National Center for Immunization and Respiratory Diseases, CDC, for agreeing to answer the following questions.

Q: Please review the recommendations for the use of the two human papillomavirus (HPV) vaccines, Cervarix (GSK) and Gardasil (Merck). What are the differences between them?

A: Cervarix is an inactivated bivalent vaccine (HPV2) that protects against HPV types 16 and 18. Gardasil is an inactivated quadrivalent vaccine (HPV4) that protects against HPV types 16 and 18, and also against types 6 and 11, which are human papillomaviruses that cause genital warts.

For prevention of cervical cancers and precancers, ACIP recommends that females ages 9 through 26 years be vaccinated with either Cervarix or Gardasil. To prevent genital warts, as well as cervical cancers and precancers, ACIP recommends vaccination with Gardasil. Gardasil may also be given to males ages 9 through 26 years to reduce their likelihood of acquiring genital warts.

Ideally, the HPV vaccine should be administered before potential exposure to HPV through sexual contact. Therefore, for prevention of cervical cancers and precancers, ACIP recommends that females ages 11 or 12 years be routinely vaccinated with either Cervarix or Gardasil. HPV vaccination also is recommended for females ages 13 through 26 years who have not been previously vaccinated or who have not completed the full vaccination series. The vaccination series can be started in males and females beginning at age 9 years.

Both HPV vaccines are administered in a 3-dose schedule, with the second dose administered 1 to 2 months after the first dose and the third dose 6 months after the first dose. The minimum interval between the first and second doses of vaccine is 4 weeks. The minimum interval between the second and third doses of vaccine is 12 weeks. The minimum interval between the first and third doses is 24 weeks.

Whenever possible, use the same brand of HPV vaccine for all doses in the series. In situations when that's not possible, use the second HPV brand to complete the series. A total of 3 doses of HPV vaccine (either of a single brand or of a combination of brands) completes the series. Do not start the series over again. If fewer than 3 doses of Gardasil are received, protection against HPV types 6 and 11 may not be adequate.

To access the provisional recommendations for HPV vaccine, go to:

<http://www.cdc.gov/vaccines/recs/provisional/downloads/hpv-vac-dec2009-508.pdf>

Q: What are the recommendations for using Gardasil to prevent genital warts in boys and men?

A: ACIP's provisional recommendations state: "The 3-dose series of quadrivalent HPV vaccine may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts." The schedule and minimum intervals are the same as for females. See the question and answer above for details.

Q: Use of HPV vaccine is covered under the Vaccines for Children (VFC) program. Can VFC-eligible boys receive HPV vaccine under the program?

A: Yes. Since ACIP states that Gardasil can be administered to males to protect them from genital warts, VFC vaccine provided by the VFC program can be used for VFC-eligible males ages 9 through 18 years.

Q: Is CDC planning to release any new or updated VISs in the near future?

A: On October 6, 2009, CDC released three new VISs, one for zoster vaccine, one for PPSV, and one for rabies. New and updated VISs that will likely be available within the next few months include MMRV, HPV, Japanese encephalitis, yellow fever, anthrax, and PCV. You can find the latest news about VIS changes on CDC's web page at <http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm>

All English-language VISs, as well as translations in more than 30 languages, are available on IAC's website at <http://www.immunize.org/vis>. In addition, IAC always informs IAC Express subscribers about new and revised VISs as soon as they are released. To subscribe to IAC Express, go to <http://www.immunize.org/subscribe>

Q: Can you give me a list of all the currently available seasonal and H1N1 influenza vaccine products?

A: IAC has developed a print piece that includes information (manufacturer, trade name, presentation, mercury content, and age indication) for all currently available seasonal and H1N1 influenza vaccines. To access "Influenza Vaccine Products for the 2009-2010 Influenza Season," go to <http://www.immunize.org/catg.d/p4072.pdf>

Q: I understand that both sanofi pasteur and MedImmune recalled some H1N1 influenza vaccine lots at the end of 2009. Was safety an issue? Do we have to recall patients to re-vaccinate them?

A: No to both questions. Both recalls were voluntary, limited, and not safety-related.

As part of their ongoing quality assurance programs, MedImmune and sanofi pasteur both discovered the potency levels of certain lots of their H1N1 influenza vaccine had decreased below a pre-specified limit or were at risk of falling below that limit soon. MedImmune voluntarily recalled 13 lots of 2009 H1N1 nasal spray vaccine and sanofi pasteur voluntarily recalled 4 lots of single-dose, prefilled-syringe pediatric (0.25 mL) H1N1 vaccine.

The slight decrease in vaccine potency is not expected to have an impact on the protective response to vaccination, and a person who received a dose from one of the recalled vaccine lots does not need to be re-vaccinated. These lots of vaccine pose no safety concerns.

For more information on the MedImmune recall, including affected lot numbers, go to:

http://www.cdc.gov/h1n1flu/vaccination/sprayrecall_qa.htm

For more information on the sanofi pasteur recall, including affected lot numbers, go to:

http://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm